



Infant and
Toddler Childcare
Handbook
2025-2026

Dear Families,

Welcome new families and welcome back returning families! It is an exciting time as your child begins VCLC's childcare program. We are looking forward to working with you and your child in the coming year. Together, we hope to make a significant difference in your child's growth and development. We are providing this Handbook as a guide of what you and your child can expect in our program. All of us here are looking forward to caring for your child.

VCLC's Infant and Toddler Childcare Handbook includes essential information about VCLC and its policies and procedures. It is important that you read the handbook and become familiar with its content.

Each child's social/emotional development is critical. Relationships with significant adults, caregivers, and peers are important to children's developmental growth. VCLC has adopted the New York State Pyramid Model, an evidence-based model that focuses on supportive environments and relationships, social-emotional development, and a pro-active approach to behaviors.

The Office of Child and Family Services (OCFS), one of our regulatory agencies, requires that parents receive their brochure entitled ACEs, Understanding Adverse Childhood Experiences, which is included in this packet. If you have any questions about this information, please contact the childcare director.

We are looking forward to working with you and your child in the coming year. Together, we hope to make a significant difference in your child's growth and development.

Irene Jimenez
Childcare Director

Gabrielle Genna
Principal, Levittown



Vision

VCLC is committed to providing high quality programs for young children with disabilities and their families that focus on the educational, social-emotional, and physical growth of the children, and home/school collaboration.

We believe all children can learn. Our programs respect each child's individuality. The staff is responsible for developing relationships with each child and his/her family. Decisions about programs and interventions must be based on the needs of the children. Always ask "Whose needs are being met?"

Mission Statement

We are a variety of families coming together in a loving, diverse, and safe community, learning and growing along the early childhood journey- touching hearts, changing lives forever.

VCLC Motto

Be Safe, Be Responsible and Be Respectful



VARIETY CHILD LEARNING CENTER

Variety Child Learning Center (VCLC) is a not-for-profit 501 (c) (3) agency that provides programs and services for young children (birth to 7 years) with learning, language, social and behavior needs, including autism, and support services to families. Judith Bloch founded the school in 1966 based on the beliefs that early identification, early intervention and partnerships with families make a difference in the outcomes for young children. These beliefs continue to be the cornerstones of VCLC's philosophy and programs. Opportunities for Home/School Collaboration are key in our work.

The Office of Children and Family Services (OCFS) provides oversight and monitoring of our childcare programs. They have established rules and regulations that we must follow.

Parents will also be required to complete paperwork periodically throughout the year. You will find information about mandatory paperwork and timetables throughout this handbook. You can access the regulations by going to OCFS.NY.GOV They are also posted in our building lobby.

Infant and Toddler Programs' Contact Information

Gallow Building

Address: 72 Farmedge Road, Levittown, NY 11756

PH: (516) 490-3301; Fax: (516) 490-3303

Childcare Hours

Childcare: 7:00 AM – 5:30 PM

Website

Visit us at our website: <https://www.varietyclc.org/> for information about children and families, calendar, events, closings and more.

Join Us On

Facebook: <https://www.facebook.com/Variety-Child-Learning-Center>

LinkedIn: <http://linkedin.com/company/vclc/>

Instagram: <https://www.instagram.com/varietychildlearningcenter>

GENERAL INFORMATION

Absences

VCLC policy requires that families call the attendance office (516-921-7171, press 3 and follow the prompts) whenever your child will be late or not attending school because of illness or any other reason. Please call by 7:00 AM for all classes. When leaving a message, please state your child's name, teacher's name, and the reason for the absence.



If your child does not come to childcare and there is no message on the attendance line, the attendance office will call you to check on your child. Your child's safety is important, and we want to make sure that we account for each child enrolled in our program.

Please note: Please review the childcare calendar when planning any vacation or extended family visits. If your child will not be in school for a planned occasion, please be sure to let your teacher know in advance so we can appropriately record the absence.

Alert Now System

Timely communication is a top priority at VCLC. We use the ALERTNOW Notification Service, which lets us send a telephone, email, or text message about emergency or important school information including weather-related closings, delayed openings, or early dismissals. An Enrollment Form is found in your child's admission packet.

Childcare Closures

Childcare is in session according to the established calendar included in this handbook. Unpredictable and inclement weather can create many problems. Our primary concern is for the safety of the children, families, and staff in deciding when the school should be closed, remain open, delay opening or dismissed early. Road conditions may vary throughout the region.

Grievances

New York State's Office of Children and Family Services (OCFS) maintains a toll-free complaint line for complaints about day care programs. Call this number during normal working hours and a staff person will take the information. If you wish to make a complaint, call: [1-800-732-5207](tel:1-800-732-5207).

Holiday Celebrations

VCLC's goal is to expose children to the wide range of holidays observed by various cultures in our community. By acknowledging some of these holidays and traditions at school, the children learn about the diversity and commonality within us all. Teachers discuss holidays in the context of seasonal changes and create environments and activities where children can begin to expand their understanding of these special days. Religion does not play a role.

Each teacher will send home a form at the beginning of the school year regarding holidays and cultural celebrations. If you would like to share your celebrations or if you are concerned about these celebrations, please contact your social worker or your child's teacher to discuss this.

Photo Releases

Photographs (including videos) of children fill a variety of important needs. In the classroom, they support learning with opportunities to increase self-awareness and recognition of their peers and teachers. They are a curriculum aid in the classroom and therapy areas. Photos assist in the acquisition of social, cognitive and language skills.

The photos and videos of the children also help the agency. They tell stories about our children and the work we do to educate the community about the value of early identification, early intervention, special education, and the critical need to continue funding programs like VCLC.

Each family receives a photo release, which provides you with options to decide if your child can be photographed and how the photos are used. Consent is voluntary. If you choose not to sign the full release, please consider signing the limited release so that your child's photo can be used for classroom learning. If you need another copy of the photo release, please contact your social worker.

The Classroom

Each teacher sets up the classroom to optimize the children's learning and engagement. A typical day in any of the classrooms includes structured play time, individual instructional time, small and large group lessons, circle time, snack and/or lunchtime, playground (weather permitting), walks, or gym. Each week the children in the toddler program attend special classes such as music and/or art enrichment, computers, physical education/gross motor activities or movement. Visuals including photos and icons are used throughout the day across settings to help children become familiar with routines, transitions, and behavioral expectations.

Curriculums are age appropriate and focus on rich experiences where the children can learn in the context of play and interactions to address the development of communication, cognitive, social-emotional and motor skills.

Transportation

Parents must drive their child to the childcare program. Arrival and dismissal times can be hectic as buses and cars arrive for our school programs. During arrival and dismissal time, VCLC asks parents and staff to be aware of what is going on around them. Hold children's hands in the parking lot and be aware of moving buses and cars.



Please park in an available parking spot and walk your child to the lobby area. The receptionist will call your child's classroom and a staff member from the class will come to meet your child in the lobby and walk them to the classroom. At dismissal, please check in with the receptionist and wait for classroom staff to bring your child to the lobby.

ON THE FIRST DAY...

Name Tags

Please place the enclosed nametag on the back of your child's shirt for the first few weeks of childcare to ensure your child's safety. Remember to fill in your child's name and the teacher's name. The tag already includes VCLC's address and phone number.

Clothing

Children should be dressed comfortably with appropriate clothing and shoes for outdoor and indoor play. We strongly suggest that your child wear sneakers to school.

Please send in a complete change of clothing plus an extra set of underwear and socks. All clothing must be labelled with your child's name. You should put your child's clothing in a clear plastic closeable bin, or a large Ziploc plastic bag labelled with your child's name.

Food Safety and Nutrition

Please send your child to school each day with a snack and lunch in a lunchbox labelled with his/her name.

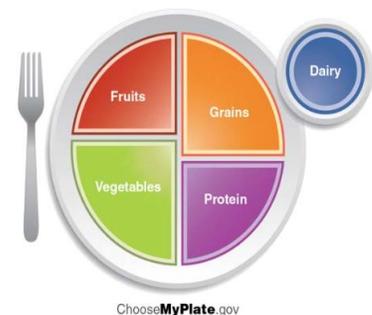
As we are **unable to refrigerate food**, please send snacks and lunches in an insulated lunch box/bag with ice packs. As we are **unable to heat food**, an unbreakable thermos is recommended for hot/warm foods and liquids. Please do not send food or drinks in glass containers.

As we wish to encourage sound nutrition, we ask that parents send lunches and snacks that are well balanced. This includes a variety of fruits, vegetables, grains, protein foods, and dairy and fortified soy alternatives. Choose options for meals, beverages, and snacks that have limited added sugars, saturated fat, and sodium.

Use the **MyPlate Plan** as a general guide to how much they should eat from each food group every day.

The MyPlate icon is divided into 5 food group categories, emphasizing the nutritional intake of the following:

- **Grains.** Foods that are made from wheat, rice, oats, cornmeal, barley, or another cereal grain are grain products. Examples include whole-wheat, brown rice, and oatmeal. Aim for mostly whole grains.
- **Vegetables.** Vary your vegetables. Choose a variety of colorful vegetables. These can include dark green, red, and orange vegetables, legumes (peas and beans), and starchy vegetables.
- **Fruits.** Any fruit or 100% fruit juice counts as part of the fruit group. Fruits may be fresh, canned, frozen, or dried, and may be whole, cut up, or pureed. The American Academy of Pediatrics recommends no more than 4 ounces of juice per day for children 1 to 3 years of age, and 4 to 6 ounces per day for children 4 to 6 years of age.



- **Dairy.** Milk products and many foods made from milk are considered part of this food group. Focus on fat-free or low-fat products, as well as those that are high in calcium.
- **Protein.** Go lean on protein. Choose low-fat or lean meats and poultry. Vary your protein routine. Choose more fish, nuts, seeds, peas, and beans.

Please label all personal items sent to school including sippy cups, thermoses, lunch boxes and utensils with your child’s first and last name.

PLEASE NOTE: VCLC makes all attempts to maintain a “nut or nut product free school.” No peanut butter, peanut-based food, nuts of any kind or foods prepared on machinery that may process foods with nuts are permitted in the classroom or offices. Please check the packaging labels on all foods sent into school.

Please be aware that certain foods have the potential to be a choking hazard and are not allowed to be brought to school. These include, but are not limited to:

- | | |
|---|--|
| • <i>raisins</i> | • <i>grapes</i> |
| • <i>seeds</i> | • <i>chocolate kisses</i> |
| • <i>carrot sticks</i> | • <i>chewing gum</i> |
| • <i>lollipops</i> | • <i>gummy bears</i> |
| • <i>hot dogs with the casing on</i> | • <i>skittles/small pieces of candy</i> |
| • <i>chunks of meat or cheese</i> | • <i>marshmallows</i> |
| • <i>sticky hard sucking candy</i> | • <i>fruit gushers and mini fruit gels.</i> |

SCHOOL SECURITY



VCLC is committed to providing a safe and healthy environment for all children in accordance with regulations provided by the New York State Office of Children and Families(OCFS) and other regulatory agencies, including NYS Education Department (SED). VCLC views building security and the safety of the children, staff, and families very seriously.

Entering and Exiting the Building

Entrance and exit from the building are through the front main door. All outside doors that lead into the building are locked and alarmed.

Building Visitors

VCLC’s concern about the safety of all supports that all visitors, including family members, be buzzed into the building and sign the visitor log. The receptionist asks visitors to see official photo ID (i.e., driver’s license), the purpose of the visit, and the person they want to see. The visitor will be buzzed into the lobby as soon as this information is verified. No one will be allowed to enter the building without proper identification.

When on VCLC premises, visitors must follow the Emergency Response Procedures (i.e., evacuation drills). Visitors are expected to conduct themselves in a safe, respectful, and responsible manner.

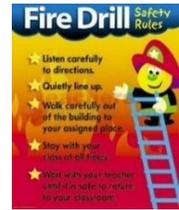
Emergency Response Drills

The programs at VCLC must have emergency response drills throughout the school year. There are three types of drills:

- Evacuation drills
- Lockdown Drills
- Lockout Drills

Throughout the year, teachers discuss and practice all “emergency drills” with the children so they can be prepared and feel safe.

It is essential that all staff and visitors to the building follow procedures and directions from emergency personnel and administrators.



Evacuation Drills

During an evacuation drill, everyone in the building must evacuate through the nearest exit and move away from the building. VCLC’s fire alarm system is linked to the fire department. VCLC notifies the fire department when a drill is scheduled. Each classroom has an evacuation map showing the location of the room and two routes to exit the building.

SED requires eight evacuation drills between September 1st and December 31st and at least four (4) more during the rest of the school year. Two additional drills are required if the school is in session in the summer. OCFS requires one evacuation drill per month.



LOCKDOWN

Lockdown Drills

A **Lockdown** occurs when there is an imminent threat inside the building. This means that there is no movement within the building. Everyone stays and remains where they are currently located and locks all doors. The law enforcement agencies are notified.

SED requires that there be four (4) lockdown/lockout drills during the school year. OCFS requires two (2) “shelter-in-place” (lockdown/lockout) drills annually.

THE LOCKDOWN ENDS ONLY WHEN EMERGENCY RESPONDERS OR OTHER AUTHORITIES UNLOCK YOUR ROOM AND YOU ARE PHYSICALLY RELEASED TO MOVE ON.



LOCKOUT

Lockout Drills

A **Lockout** occurs when there is a threat outside of the building. This means that all exterior doors are locked, with limited entry and exit from the building. Everyone must be indoors, no one is allowed in the playground. Staff immediately call 911 to report the situation.

THE LOCKOUT IS LIFTED WHEN THE EXTERNAL THREAT IS RESOLVED. NOTIFICATION OF THE END OF THE LOCKOUT THROUGH THE INTERCOM OR PUBLIC ADDRESS

SYSTEM OR BY OTHER APPROVED COMMUNICATION SYSTEMS.

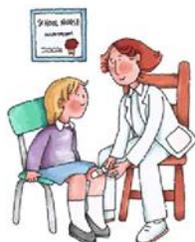
Off-Site Evacuation

There may be situations which can be potentially unsafe for anyone to be in the building (i.e., loss of heat on a freezing day). If this occurs, every person in the building is immediately evacuated to an off-site location. Families are informed of the evacuation and the relocation site through VCLC's Alert Now System.



Primary Relocation Site	Secondary Relocation Site
Stephen E. Karopczyc Building 74 Farmedge Road Levittown, NY 11756	Fred J. Sparke Elementary School 100 Robin Place Levittown, NY 11756

HEALTH & MEDICAL INFORMATION FROM THE SCHOOL NURSE



VCLC's nursing and health staff prides itself on the safe, competent, and compassionate care of all children and staff. To ensure these goals and comply with VCLC medical and health polices and those of our regulatory agencies (SED, OCFS, and DOH), please review and adhere to the following:

Medical Exams

Students must have a yearly medical exam documented on VCLC's medical form, including the results of the exam and a list of current immunizations. **If immunizations are delayed for medical reasons, the doctor must submit a letter stating the medical reasons for the delay. The letter must be on the healthcare provider's letterhead, signed by the doctor and include the doctor's license, Medicaid and NPI numbers.** Religious exemptions are no longer accepted. All exemptions must be approved by VCLC's Administrative Team.

The school nurse notifies you in writing two months before your child needs a new medical exam. Please submit an updated medical no later than one month after the current one expires.

Newly enrolled children's medical must be at the childcare prior to the child's first day.

Emergency Contact List

There must be an Emergency Contact List on file for your child. OCFS regulations require that these lists be updated three times per year, September, January, and June, or sooner if the information changes. If your child becomes sick in school and a parent cannot be reached, the school nurse or designated school staff will use the emergency numbers to notify an authorized person.

At least three valid telephone numbers must be provided where you or a designated emergency contact person available to pick up your child can be reached.

When choosing emergency contacts, please select individuals who your child knows, are available to pick up your child, have transportation to get back and forth and live within a reasonable distance. **Your authorized person will be required to sign in and out at the front desk and show a valid picture ID.**

Childcare Health Policy

Sick Children

CHILDREN SHOULD NOT COME TO THE CHILDCARE PROGRAM IF THEY ARE ILL.

- When a child shows symptoms of illness, the school nurse or childcare director determines whether the child is too sick to benefit from remaining in childcare or if the child is contagious to the other children or staff. Under those circumstances, parents are called to take the child home and be able to pick the child up within an hour of receiving a phone call. **VCLC requires that if the parent cannot be reached, an emergency contact person over the age of 18 must be available to pick up the child within an hour of the phone call. It is of utmost importance that Variety has three (3) emergency contact numbers.**
- **A note from a physician is required before a child can return to the program.**

Communicable Diseases

- **Contraindications to Childcare Attendance**
 - Diagnosis of an Infectious Disease
 - Fever
 - Vomiting and/or diarrhea as assessed by the school nurse
 - Symptoms that prevent the child from fully participating in school activities, such as excessive tiredness or lack of appetite, productive coughing or sneezing, headache, body aches, earache and sore throat
- If a child becomes ill with a communicable disease, all children in the class will be notified by the school nurse or childcare director.



Indications for Return to School

Children need to be fever-free for 24 hours without fever reducing medications (such as Tylenol or Motrin) prior to returning to school after an illness with a doctor's note that they are no longer contagious.

- **Bacterial Infections** such as:
 - o **Impetigo**
 - o **Conjunctivitis** -- No discharge from eyes; not allergy related
 - o **Strep Throat**

Children must be on antibiotics for 24 hours and fever-free (as stated above).

- **Viral Infections** such as:
 - o **Influenza**
 - The child must be fever free and symptom free for 24 hours without fever reducing medicine.
 - A doctor's note clearing your child to return to school is required.

- The flu is serious!!! Call your pediatrician at the first sign of flu symptoms, which typically come on suddenly, including:
 - High fever
 - Chills
 - Headache, body aches, earache
 - Nausea and vomiting
 - Dry cough
 - o Fifth Disease and Hand, Foot and Mouth Disease -- fever-free for 24 hours with a doctor's note that they are no longer contagious.
 - o Diarrhea -- No diarrhea for 24 hours if this is different from the child's typical bowel movement.
 - o **Colds:** the child must be kept at home if they are experiencing a very runny nose or persistent cough (not allergy related). If you are unsure as to whether your child has a cold or allergies- A GOOD RULE OF THUMB TO FOLLOW IS: A green nasal discharge is probably the sign of infection, and child may need to be placed on antibiotic. Your doctor can advise you as to when your child may return to school.
 - o **COVID:** be fever-free for 24 hours without medication and symptom free.
 - **Specific Conditions Requiring Absence from School**
 - o **Head Lice** -- May return after treatment with anti-lice shampoo and manual nit removal with note from parent.
 - o **Pinworms** -- May return the day after Pyrantel, Mebendazole or Albendazole treatment with a doctor's note.
 - o **Vomiting and/or Diarrhea** -- May return after 24 hours after the last episode of vomiting or diarrhea.
 - o **Ringworm** -- May return after 24 hours after treatment has begun with doctor's note indicating diagnosis and approval to return to school.

A Doctor's Note is also Required to Return to School When:

- A child was diagnosed with a communicable illness including COVID.
- A child has undergone anesthesia or any surgical procedure.
- A child has stitches, a cast or other injury that might be made worse by normal school activities.
- A child was hospitalized.
- As physicians may have varying opinions, Variety Child Learning Center guidelines may be more stringent in order to assure a healthy environment for all students and staff.

The note must state if there are any limitations to the child's activities, including recess, gym, OT and PT, when applicable.

Medications in School

There are situations when children need medications to be given at school. A Medication Administration Trained (MAT) certified individual or the school nurse are the only authorized persons allowed to administer medications in the infant and toddler childcare programs.



For medications to be dispensed at childcare, the following medication related forms must be kept on file and updated according to SED and OCFS regulations:

Medication/Supplements

This form asks parents to list any medications their child takes. If your child takes no medication, please check the box that says, “My child is on no medications/supplements.” This form must be completed and signed by the parent/guardian and dated. You will be asked to complete this form yearly or if there is any change to the medications/supplements your child takes.

Parent and Healthcare Provider’s Authorization for Administration of Medication in School and School Activities

This form must be completed even if your child will not receive medication at school. Please check the box that states, “My child will not receive medication in school.” If your child is going to get medication at school, please complete Section A and have your child’s doctor complete Section B. **This form must be updated every six months or when there is a change in medication.**

- The form must be signed by both the parent and the child’s physician.
- The physician must complete Section B listing the medication, dosage, frequency/time to be taken and route of administration.
- The physician must list possible side effects and adverse reactions.
- The physician must sign the form, provide his/her license number, and stamp the form.

All medications (including over the counter medications such as Tylenol, creams, etc.) to be given at school MUST have a doctor’s order which must include the child’s name, the medication to be given, the amount of medication to be given and the time the medication is to be given. Please check all expiration dates before sending any medication to school.

Medication consent must be updated every 6 months. Without an updated consent, the nurse will not be able to administer the medication. Families will receive a reminder that new consents are needed. If the medication authorization expires and VCLC has not received either a new authorization or written notice that the medication has been discontinued, the child will not be able to attend school. When documentation is received, the child will be able to return to school.

If the child’s medication is discontinued, a note from the parent and/or doctor is required.

Handling Medications

Parents must bring all medications, including epinephrine auto-injectors, directly to the childcare director, MAT certified staff, and/or nurse. Children cannot bring medications in their backpacks. All medications must have the original pharmacy label on the original pharmacy

container. The nurse and/or the MAT certified staff will not accept medication that does not meet the above criteria.

Medicated over-the-counter products, including but not limited to over-the-counter topical ointments, lotions, creams, sprays, including sunscreen products, and prescribed medication can be administered by the program for **one day only, with verbal permission of and instructions from the parent.**

IMPORTANT: If a medicated over-the-counter product or a prescribed medication is to be administered on the next day or an ongoing basis, **written and signed authorization to administer medication from the parent and medical provider must have been provided to the program before administering medication on the second day.**

Upon receipt of any controlled medication, the authorized person to administer medication counts and records the number of pills and/or makes note of the quantity of liquid. The nurse daily counts the medication before administering a dose. The medication is counted/measured again before returning to the family.

All medication is logged in to the medication log and must be labelled with the child's full name. When medications are administered, the nurse logs the information including the time administered onto the medication log. If any reactions to the medications are observed, they will be noted on the log and appropriate action including calling 911 will be taken.

Medications are stored in a locked cabinet in the nurse's office with limited access to authorized personnel. If medications require refrigeration, they are locked in a medication only refrigerator in the nurse's office.

Special Health Needs

Each child with a known allergy, asthmatic, diabetic and/or epileptic condition that can result in difficulty of breathing, anaphylaxis, and loss of consciousness must have a written Individual Health Care Plan developed collaboratively by the child's parents, healthcare provider, and childcare program.

Parents should contact the childcare director and/or school nurse as soon as possible to discuss their child's special health needs.

Obtaining Emergency Medical Care

VCLC childcare must immediately call 911 for children who require emergency medical care and notify the parents. Reasons to contact 911 include, but are not limited to, loss of consciousness, increasing or severe pain, skin or lips turning blue, purple or gray and life-threatening conditions. Parental consent for VCLC to obtain emergency health care for the child is required at admission to the childcare program.

ALLERGY AND ANAPHYLAXIS PREVENTION POLICY

Upon enrollment and whenever there are changes, parents are required to provide the program with up-to-date information regarding their child's medical conditions, including any allergies the child may have and any emergency medications prescribed for potential anaphylaxis.

The parents will work in conjunction with the program and the child's physician to complete the documents required for any allergy that the child may have. These documents will guide all staff in the necessary actions to take during an allergic or anaphylactic reaction.

The program will keep these documents and any emergency medications in a designated area known to all staff members as outlined in the program's health care plan and will ask for updated paperwork when necessary.

Documents

Any child with a known allergy will have the following documents on file when applicable:

- NYS OCFS form 7006 – Individual Health Care Plan for a Child with Special Healthcare Needs or approved equivalent
- NYS OCFS form 6029 – Individual Allergy and Anaphylaxis Emergency Plan or approved equivalent
- NYS OCFS form 7002 – Medication Consent Form or approved equivalent

In addition, the child's allergies are indicated on the enrollment form.

These forms are completed by the child's parents in conjunction with the program and the child's physician. In the event of an anaphylactic reaction, staff calls 911 and follows the instructions outlined in these documents.

Staff Training

All staff members are trained in the prevention, recognition, and response to food and other allergic reactions and anaphylaxis upon hire and at least annually thereafter. During childcare hours, a staff member certified in CPR, First Aid, and medication administration is present.

If a child with an allergy requires the administration of epinephrine or other emergency medications, the parents must train any staff member caring for that child on the administration of the prescribed medication.

Strategies to Reduce the Risk of Exposure to Allergic Triggers

Each classroom will have a posting with a list of individual children's allergies that is visible to all staff and volunteers caring for the child.

All staff will take steps to prevent exposure to a child's known allergy, including but not limited to reading food labels.

Children are taught about what it means to have a food allergy and what they can do to stay safe.

Handwashing, cleaning, and all other regulations related to allergies and anaphylaxis as outlined in the OCFS Childcare Regulations will be followed by all staff and volunteers.

Communication

Upon enrollment of a child with a known allergy, all staff and volunteers will be made aware of the child's allergy and associated medication needs, as well as ways to reduce the risk of exposure to said allergen.

In addition, all parents and children are made aware of any allergies in the classroom and the actions being taken to reduce exposure. Confidentiality is maintained and personal identifiable information is never shared when discussing any child's allergy with parents and other children.

Annual Notification to Families

Families are given a copy of the program's Allergy and Anaphylaxis Policy upon enrollment in the Infant and Toddler Childcare Handbook. This policy is reviewed and updated annually. Families will receive an updated copy of this policy annually whenever changes are made.

Non-Patient Stock Epinephrine Auto-Injectors

Our program stocks non-patient specific epinephrine auto-injector devices for emergency treatment of a person appearing to experience anaphylactic symptoms.

We stock the following doses:

- Infant/toddler dose (0.1mg) for persons who are 16.5-33 lbs.
- Pediatric dose (0.15mg) for persons who are 33-66 lbs.
- Adult dose (0.3mg) for persons 66 lbs. or more

Note: For children weighing less than 16.5 lbs., the program will NOT administer epinephrine and will call 911. The program will keep a list of each child's weight and will update the weights at least once every three months.

Annual training to unlicensed personnel for use of non-patient-specific epinephrine auto-injector is provided by an approved NYS trainer in the use of epinephrine auto-injectors.

The program will call 911 immediately after the designated caregiver administers epinephrine. In addition, the program will notify the child's parent and their OCFS licensor or registrar.

INCIDENT REPORTING

Parents are notified upon any accident, serious condition, serious incident, emergency medical care and injury by phone and written communication. In the event a parent cannot be reached, the emergency contact(s) are notified. We ask for an expected time of arrival.



Parental consent for VCLC to obtain emergency health care for the child is required at admission to the childcare program. If a situation warrants, VCLC calls 911 and the child is transported to a hospital. Parents are notified and can meet the child at the hospital.

Written documentation, Student Incident Report, is completed by childcare director and/or

substitute and witnesses to the event. The Student Incident Report is reviewed by the parents and a signature acknowledgment is required. A copy of the completed report is filed in the child's medical folder and a copy is sent to the child's parents and to the OCFS.

BEHAVIOR MANAGEMENT POLICY

VCLC encourages self-control, self-esteem, and respect for all children and adults. For this reason, we train our staff in the evidence and researched based practices of the Pyramid Model.

The Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children is a positive behavioral intervention and support framework early educators can use to promote young children's social and emotional development and prevent and address challenging behavior. These practices include:

- High-quality environments
- Targeted social emotional supports
- Self-regulation, expressing and understanding emotions, developing social relationships and problem-solving
- Family involvement
- Whole group and individual interventions
- Data Collection
- Assessment



Essential Partners

All parents, teachers, childcare staff and administrators are responsible for following our school motto "Be Safe, Be Responsible and Be Respectful", honoring VCLC's commitment to the Pyramid Model and working together for the development of our children.

Challenging Behaviors

We have found that behavior concerns usually indicate that a child needs more time, support, and practice to develop their social and emotional skills. When serious concerns arise, we will partner with parents and professionals who specialize in supporting children's social and emotional health.

De-escalation

When a child continues to be unable to control their actions, one method we use is called the "safe place." This is a quiet spot in which they can allow themselves to take the time to relax, breathe, and try to get their emotions under control. The "safe place" can be a designated area in the room or where the child withdraws and/or becomes upset. Teachers will continue to watch children while they are in the "safe place" to make sure they are not hurting themselves or others. They will encourage the child to talk about their feelings and help with calming techniques so the child will be able to return to the classroom setting.

If a child is unable to use these calming techniques and continues to be disruptive, the teacher

will then notify the office and the director will be called in to help the child. We might also reach out to parents so they can speak with the child and/or be notified of the circumstances.

If further guidance is required, actions taken will always be individualized, consistent, and appropriate to each child's level of understanding. **No physical punishment or restraints of any kind are administered at VCLC for behavior management or any other reason. In addition, staff may not yell at, shame, or humiliate a child in any way.**

Temporary Removal

Where a child's behavior harms or is likely to result in harm to the child, others or property, or seriously disrupts or is likely to seriously disrupt group interaction, the child may be physically separated briefly from the group, but only for as long as is necessary for the child to regain enough self-control to rejoin the group. The child must be placed in an area where he or she is in the view of, supervised and supported by, a staff member. Interaction between a teacher and the child must take place immediately following the separation to guide the child toward appropriate group behavior. Separation of a child from the group in a manner other than that provided for herein is prohibited. Parents must be notified.

The following steps will be completed when a child must be removed temporarily for challenging behaviors that constitute an imminent danger to the child or others:

- If a child's behavior is such that it necessitates temporary removal on a repeated basis, there should be sufficient documentation for consideration of special education services.
- Maintain documentation on file of the outcomes of the incident, subsequent parent conference, and plan developed that includes appropriate intervention strategies. The parent conference's purpose is to develop a plan jointly with the family and available resources to address the behaviors which constitute an imminent danger (recurring violence, behavior, or aggression).

Biting

Biting is a common behavior among older infants and toddlers in group care. It is not viewed as "bad" behavior, rather as inappropriate. The reasons can be many including teething; sensory exploration, frustration or negative feelings accompanied by a lack of verbal communication skills.

Whenever a bite occurs,

- the child is told, "No biting", "we don't hurt our friends," and redirected to another activity,
- the child who received the bite is comforted,
- the area is washed thoroughly with soap and water and ice is applied,
- an incident report is completed, and
- parents of the children involved are spoken to individually. Information about who was involved is always kept confidential.

There are many strategies that can be tried to prevent recurrence including, more direct supervision and observation, multiples of favorite toys and redirection. Despite our best efforts,

it is impossible to guarantee that biting will not occur. The safety and well-being of our children and staff are our number one priority. It may occur that a child – due to his/her ability – is unable to function in the program without jeopardizing those around him/her. In such an instance, VCLC reserves the right to determine whether a child may remain in the program.

MANDATED REPORTER POLICY

All VCLC employees are Mandated Reporters as per New York State regulations and are required by law to report any suspicions of child abuse or maltreatment. As per the current law, mandated reporters must call, and report suspected child abuse or neglect by a parent or caretaker. The report is redirected to Child Protective Services (CPS) and within 24 hours of receiving the report, CPS begins an investigation.

Supports for Parents

The [HEARS family line](#) (Help, Empower, Advocate, Reassure and Support) at 1-888-554-3277) assists parents and families by providing resources and referrals to a variety of services. Caring representatives guide families to services including food, clothing, housing, medical and behavioral health care services, parenting education and childcare. Representatives are available to help Monday through Friday from 8:30 a.m.-4:30 p.m. The line offers messages in 12 languages.

For information about child abuse and neglect, or for referrals to local organizations that help parents, call the Prevention Information Resource Center (PIRC) and Parent Helpline: 1-800-342-PIRC (7472).